

# 2010 Building Condition Survey Instrument

1. Name of School District \_\_\_\_\_
2. SED District Number 

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District BEDS Code
3. Building Name \_\_\_\_\_
4. SED Control Number 

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5. Survey Inspection Date \_\_\_\_\_
6. Building 911 Address \_\_\_\_\_
7. City \_\_\_\_\_
8. Zip Code \_\_\_\_\_
9. Certificate of Occupancy Status \_\_\_\_\_
10. Certificate Expiration Date \_\_\_\_\_

## Building Age, Gross Square Footage and Maintenance Staff

11. Year of Original Building \_\_\_\_\_
12. Gross square ft. of Building as currently configured \_\_\_\_\_
13. Number of Floors \_\_\_\_\_
14. How many full-time and part-time custodians are employed at the school (or work in the building)?  
Full-time custodians: \_\_\_\_\_  
Part-time custodians: \_\_\_\_\_

## Building Ownership and Occupancy Status

15. Building Ownership (check one):
- a. Owned and used by district
- b. Owned by District and leased to non-district entity
- c. Owned by District, part used by district, part leased to non-district entity
- d. Owned by non-district entity and leased to district

**16. For which of the following purposes is the building currently used? (check all that apply)**

- a. Used for student instructional purposes
- b. Used for district administration
- c. Used for other district purposes Describe: \_\_\_\_\_
- d. Used by other organization(s)

**Building Users**

**17. How many students were registered to receive instruction in this building as of October 1, 2009? (If none, enter "0") and skip to "Program Spaces" section. (Do not include evening class students)** \_\_\_\_\_

- 18. Of these registered students, how many receive most of their instruction in:**
- a. Permanent instructional spaces (i.e., regular classrooms) \_\_\_\_\_
  - b. Temporary instructional spaces (i.e., portable or demountable classrooms) attached to the building: \_\_\_\_\_
  - c. Non-instructional spaces used as instructional spaces: \_\_\_\_\_

If the answer is greater than zero, which types of non-instructional spaces were being used for instructional purposes on October 1, 2009 (check all that apply)

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> 1. Cafeteria             | <input type="checkbox"/> 4. Library   | <input type="checkbox"/> 7. Storage space           |
| <input type="checkbox"/> 2. Gymnasium             | <input type="checkbox"/> 5. Lobby     | <input type="checkbox"/> 8. Other (please describe) |
| <input type="checkbox"/> 3. Administrative spaces | <input type="checkbox"/> 6. Stairwell | _____   |

**19. Grades Housed:** \_\_\_\_\_

**20. For how many instructional days during the 2008-09 school year (July 1 through June 30, was the building closed due to facilities failures, system malfunctions, structural problems, fire, etc? (if none, enter "0")** \_\_\_\_\_

**21. Is the building used for instructional purposes in the summer?**  Yes  No

**22. Have there been renovations or construction in the building during the past 12 months?**  Yes  No

**Program Spaces**

**23. Number of instructional classrooms:** \_\_\_\_\_

**24. Gross square footage of all instructional classrooms (combined):** \_\_\_\_\_

**25. Other spaces provided (check all that apply):**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> a. N/A (none)     | <input type="checkbox"/> h. Guidance             | <input type="checkbox"/> o. Multipurpose rooms | <input type="checkbox"/> u. Special education |
| <input type="checkbox"/> b. Administration | <input type="checkbox"/> i. Gymnasium            | <input type="checkbox"/> p. Music              | <input type="checkbox"/> v. Swimming pool     |
| <input type="checkbox"/> c. Art            | <input type="checkbox"/> j. Health suite         | <input type="checkbox"/> q. Pre-K              | <input type="checkbox"/> w. Teacher resource  |
| <input type="checkbox"/> d. Audio Visual   | <input type="checkbox"/> k. Home & Careers       | <input type="checkbox"/> r. Remedial rooms     | <input type="checkbox"/> x. Technology/Shop   |
| <input type="checkbox"/> e. Auditorium     | <input type="checkbox"/> l. Kitchen              | <input type="checkbox"/> s. Resource rooms     | <input type="checkbox"/> y. Other (describe)  |
| <input type="checkbox"/> f. Cafeteria      | <input type="checkbox"/> m. Lg.group instruction | <input type="checkbox"/> t. Science labs       | _____   |
| <input type="checkbox"/> g. Computer room  | <input type="checkbox"/> n. Library              |  |   |

**Space Adequacy**

- 26. Rating of space adequacy**     Good                       Fair                       Poor

Comments: \_\_\_\_\_

- 27. Estimated capital construction expenses anticipated for this building through 2015-2016 school year excluding maintenance (to be answered after the building inspection is complete)**                      \$ \_\_\_\_\_

**28. Overall building rating (to be answered after the building inspection is complete)**

- Excellent                       Satisfactory                       Unsatisfactory                       Poor

- 29. Was overall building rating established after consultation with health and safety committee?**                       Yes                       No

**Overall Building Rating Definitions:**

- |   |                |  |
|---|----------------|--|
| E | Excellent      | All systems classified as health and safety or structural rated “excellent,” no systems rated below “satisfactory,” preventive maintenance plan in place.                  |
| S | Satisfactory   | All systems categorized as health and safety or structural rated “satisfactory” or better. No system rates “non-functioning” or “critical failure.”                        |
| U | Unsatisfactory | Any system categorized as health and safety or structural rated “unsatisfactory.” No health and safety or structural system rated “non-functioning” or “critical failure.” |
| F | Failing        | Any system categorized as health and safety or structural rated “non-functioning” or “critical failure.” Building Certificate of Occupancy may be rescinded.               |

<b>30. A/E Firm Name:</b>	_____	<b>31. Firm Address</b>	_____
<b>32. Phone Number</b>	_____		_____
<b>33. E-mail:</b>	_____		_____
<b>34. A/E Name</b>	_____	<b>35. A/E License #</b>	_____
<b>37. <a href="#">A/E Phone number</a></b>	_____		_____

**NOTE:**

Visual inspection of all structural systems is required. In some cases this may necessitate opening ceilings, walls, or using other invasive inspection techniques. Please use the “comments” section for each building feature to note limitations to visual inspections of structural elements and actions taken to overcome these limitations. Please see the Building Condition Survey guide for additional information.

**Building System Condition Ratings and Definitions:**

- E Excellent System is in new or like-new condition and functioning optimally; only routine maintenance and repair is needed.
- S Satisfactory System functioning reliably; routine maintenance and repair is needed.
- U Unsatisfactory System is functioning unreliably or has exceeded its useful life. Repair or replacement of some or all components is needed.
- NF Non-Functioning System is non-functioning, not functioning as designed, or is unreliable in ways that could endanger occupant health and/or safety. Repair or replacement of some or all components is needed.
- CF Critical Failure Same as “NF” with the addition that the condition of at least one component is so poor that at least part of the building or grounds should not be occupied pending needed repairs/replacement or some or all components is needed.

**Building System Type Definitions:**

- H Health and Safety
- S Structural

**NOTE:**

Cost estimates are required ONLY for systems/features rated “U”, “NF”, or “CF.” Cost estimates are NOT REQUIRED for systems rated “E” or “S.” These estimates are for state and local planning purposes only.

**Site Utilities**

**36. Water (H)**

- a. Type of service:  Municipal or utility provided  Well  Other
- b. Condition  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**37. Site Sanitary (H)**

- a. Type of service:  Municipal or Utility sewer  Site septic  Other
- b. Condition  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**38. Site Gas (H)**

- a. Does the building have gas service or use liquid petroleum gas?  Yes  No (skip to next section)
- b. Condition  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**39. Site Fuel Oil (H)**

- a. Type of service:  Fuel Tanks  None (Skip to Next Section)
- b. If the building has fuel tanks:
  - 1. # Above Ground: \_\_\_\_\_ a. Capacity of above ground tanks (gallons) \_\_\_\_\_
  - 2. # Below Ground: \_\_\_\_\_ a. Capacity of below ground tanks (gallons) \_\_\_\_\_
- c. Condition  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- d. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- e. Expected Remaining Useful Life (Years): \_\_\_\_\_
- f. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- g. Comments: \_\_\_\_\_

**40. Site Electrical, Including Exterior Distribution (H)**

- a. Service Provider (check all that apply):  Utility Provided  Self-Generated  Other
- b. Type of Service:  Above Ground  Below Ground
- c. Condition  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- d. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- e. Expected Remaining Useful Life (Years): \_\_\_\_\_
- f. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- g. Comments: \_\_\_\_\_

**41. Closed Drainage Pipe Stormwater Management System**

- a. Does the facility have a closed pipe system?  Yes  No (skip to next section)
- b. Condition  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**42. Open Drainage Stormwater Management System**

- a. Does the facility have an open stormwater system (ditch)?  Yes  No (skip to next section)
- b. Condition  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**43. Catch Basins/Drop Inlets/Manholes**

- a. Does the facility have catch basins/drop inlets/manholes?  Yes  No (skip to next section)
- b. Condition  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**44. Culverts**

- a. Does the facility have culverts?  Yes  No (skip to next section)
- b. Condition  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**45. Outfalls**

- a. Does the facility have outfalls?  Yes  No (skip to next section)
- b. Condition  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**46. Infiltration basins/chambers**

- a. Does the facility have infiltration basins/chambers?  Yes  No (skip to next section)
- b. Condition  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**47. Retention basins:**

- a. Does the facility have retention basins?  Yes  No (skip to next section)
- b. Condition  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**48. Wetponds**

- a. Does the facility have wetponds?  Yes  No (skip to next section)
- b. Condition  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**49. Manufactured stormwater proprietary units**

- a. Does the facility have proprietary units?  Yes  No (skip to next section)
- b. Condition  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**50. Point of outfall discharge (check all that apply)**

- Municipal storm sewer system       Combined sewer system       Surface Water  
 On-site recharge       Other (please describe) \_\_\_\_\_

**51. Outfall reconnaissance inventory. Were all stormwater outfalls inspected during dry weather for signs of non-stormwater discharge?**       Yes       No

**Other Site Features**

**52. Pavement (Roadways and Parking Lots)**

- a. Type (check all that apply)     concrete     asphalt     gravel     other     none  
b. Condition     Excellent     Satisfactory     Unsatisfactory     Non-Functioning     Critical failure  
c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_      d. Expected Remaining Useful Life (Years): \_\_\_\_\_  
e. Cost to Reconstruct/Replace \$ \_\_\_\_\_  
f. Comments: \_\_\_\_\_

**53. Sidewalks**

- a. Type (check all that apply)     concrete     asphalt     other  
b. Condition     Excellent     Satisfactory     Unsatisfactory     Non-Functioning     Critical failure  
c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_      d. Expected Remaining Useful Life (Years): \_\_\_\_\_  
e. Cost to Reconstruct/Replace \$ \_\_\_\_\_  
f. Comments: \_\_\_\_\_

**54. Playgrounds and Playground Equipment**

- a. Condition:  
 Excellent     Satisfactory     Unsatisfactory     Non-Functioning     Critical Failure     N/A  
b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_      c. Expected Remaining Useful Life (Years): \_\_\_\_\_  
d. Cost to Reconstruct/Replace \$ \_\_\_\_\_  
e. Comments: \_\_\_\_\_



**55. Athletic Fields, Play Fields, and Related Structures**  
(such as press boxes, stadiums, exterior bleachers, dugouts, climbing walls, etc.)

a. Condition:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

f. Check if synthetic turf field is present:  Yes  No  
Date installed: \_\_\_\_\_

**Substructure**

**56. Foundation (S)**

a. Type (check all that apply):

Reinforced Concrete  Masonry on Concrete Footing  Other

b. Evidence of Structural Concerns:

1. Structural Cracks  Yes  No 4. Water Penetration  Yes  No

2. Heaving/Jacking  Yes  No 5. Unsupported Areas  Yes  No

3. Decay/Corrosion  Yes  No 6. Other  Yes  No

c. Condition  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

d. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

e. Expected Remaining Useful Life (Years): \_\_\_\_\_

f. Cost to Reconstruct/Replace \$ \_\_\_\_\_

g. Comments: \_\_\_\_\_

**Building Envelope**

**57. Structural Floors (S)**

a. Type (check all that apply):

1. Reinforced Concrete Slab on Grade  4. Wood Deck on Wood Trusses  7. Other (specify) \_\_\_\_\_

2. Concrete/Metal Deck/Metal Joists  5. Wood Deck on Wood Joists

3. Precast Concrete Structural System  6. Concrete Deck on Wood Structure

b. Evidence of structural Concerns with Floor Support System (Beams/Joists/Trusses, etc.):

1. Structural Cracks  Yes  No 4. Deflection  Yes  No  
2. Unsupported Ends  Yes  No 5. Seriously Damaged/Missing Components  Yes  No  
3. Rot/Decay/Corrosion  Yes  No 6. Other Problems \_\_\_\_\_

c. Evidence of Structural Concerns with Structural Floor Deck:

1. Cracks  Yes  No  
2. Deflection  Yes  No  
3. Rot/Decay/Corrosion  Yes  No

d. Overall Condition of Structural Floors:

- Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

- e. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ f. Expected Remaining Useful Life (Years): \_\_\_\_\_

- g. Cost to Reconstruct/Replace \$ \_\_\_\_\_

- h. Comments: \_\_\_\_\_

**58. Exterior Walls/Columns (S)**

- a. Material (check all that apply:  Concrete  Masonry  Steel  Wood  Other

b. Evidence of Structural Concerns with Support System (columns, base plates, connections, etc):

1. Structural Cracks  Yes  No  
2. Rot/Decay/Corrosion  Yes  No  
3. Other Problems: \_\_\_\_\_

c. Evidence of Concerns with Exterior Cladding:

1. Cracks/Gaps  Yes  No 4. Moisture Penetration  Yes  No  
2. Inadequate Flashing  Yes  No 5. Rot/Decay/Corrosion  Yes  No  
3. Efflorescence  Yes  No 6. Other Problems \_\_\_\_\_

d. Overall Condition of Exterior Walls/Columns::

- Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

- e. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ f. Expected Remaining Useful Life (Years): \_\_\_\_\_

- g. Cost to Reconstruct/Replace \$ \_\_\_\_\_

- h. Comments: \_\_\_\_\_

**59. Chimneys (S)**

- a. Material (check all that apply):  Masonry  Concrete  Metal  Other  N/A
- b. Overall condition of chimneys:  
 Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**60. Parapets (S)**

- a. Construction Type (check all that apply):  Masonry  Concrete  Metal  Other  N/A
- b. Overall condition of parapets:  
 Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**61. Exterior Doors**

- a. Overall condition of exterior door units:  
 Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- b. Overall condition of exterior door hardware:  
 Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Do any exit doors have magnetic locking devices?  Yes  No
- d. Safety/Security features are adequate:  Yes  No
- e. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- f. Expected Remaining Useful Life (Years): \_\_\_\_\_
- g. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- h. Comments: \_\_\_\_\_

**62. Exterior Steps, Stairs, and Ramps (S)**

a. Overall condition of exterior steps, stairs, and ramps

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**63. Fire Escapes (S)**

a. Does the building have one or more fire escapes?  Yes  No (skip to next question)

b. Overall condition of fire escapes:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

c. Safety features are adequate  Yes  No

d. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

e. Expected Remaining Useful Life (Years): \_\_\_\_\_

f. Cost to Reconstruct/Replace \$ \_\_\_\_\_

g. Comments: \_\_\_\_\_

**64. Windows**

a. Type of windows (check all that apply):

Aluminum  Steel  Vinyl  Solid Wood  Wood w/ External Cladding System  Other

b. Overall condition of windows:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

c. All rescue windows are operable:  Yes  No  N/A

d. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

e. Expected Remaining Useful Life (Years): \_\_\_\_\_

f. Cost to Reconstruct/Replace \$ \_\_\_\_\_

g. Comments: \_\_\_\_\_

**65. Roof and Skylights (S)**

a. Type of roof construction (check all that apply):

1. Metal deck on metal trusses/joists       4. Concrete on metal deck on metal trusses/joists  
 2. Wood deck on wood trusses/joists       5. Other  
 3. Wood deck on metal trusses/joists

b. Type of roofing material (check all that apply):

1. Single-ply membrane       3. Asphalt single       5. IRMA       7. Other  
 2. Built up       4. Pre-Formed metal       6. Slate

c. Evidence of structural concerns with support system (beams/joists/trusses, etc.):

1. Structural Cracks       Yes       No      4. Deflection       Yes       No  
2. Unsupported Ends       Yes       No      5. Seriously Damaged/Missing Components       Yes       No  
3. Rot/Decay/Corrosion       Yes       No      6. Other Problems      \_\_\_\_\_

d. Evidence of structural concerns with structural floor deck:

1. Cracks       Yes       No  
2. Deflection       Yes       No  
3. Rot/Decay/Corrosion       Yes       No

e. Does the building have skylights?       Yes       No      **If No, go to (h)**

f. If yes, what material are the skylights made?       1. Plastic       2. Glass       3. Other

g. Condition of skylights:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

h. Evidence of concerns with roofing, skylights, flashing, and drains:

1. Failures/Splits/Cracks       Yes       No  
2. Rot/Decay/Corrosion       Yes       No  
3. Inadequate flashing/curbs/pitch pockets       Yes       No  
4. Inadequate or poorly functioning roof drains       Yes       No  
5. Evidence of water penetration/active leaks       Yes       No

Other concerns (specify): \_\_\_\_\_

i. Overall Condition of roof:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

j. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

k. Expected Remaining Useful Life (Years): \_\_\_\_\_

l. Cost to Reconstruct/Replace (include costs for repairs): \$ \_\_\_\_\_

m. Comments: \_\_\_\_\_

## Interior Spaces

### 66. Interior bearing walls and fire walls (S)

a. Overall condition of interior walls:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

### 67. Other Interior Walls

a. Overall condition of interior walls:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

## Floor Finishes

### 68. Carpet

a. Where located? (check all that apply)  Instructional space  Common area

b. Condition  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

d. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**69. Resilient tiles or sheet flooring**

- a. Where located? (check all that apply)  Instructional space  Common area
- b. Condition  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**70. Hard flooring (concrete; ceramic tile; stone etc.)**

- a. Where located? (check all that apply)  Instructional space  Common area
- b. Condition  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**71. Wood**

- a. Where located? (check all that apply)  Instructional space  Common area
- b. Condition  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- d. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- e. Comments: \_\_\_\_\_

**72. Ceilings (H)**

- a. Overall condition of ceilings:  
 Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ c. Expected Remaining Useful Life (Years): \_\_\_\_\_
- d. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- e. Comments: \_\_\_\_\_

**73. Lockers**

a. Overall condition of lockers:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**74. Interior Doors**

a. Overall condition of interior door units:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

b. Overall condition of interior door hardware:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

d. Expected Remaining Useful Life (Years): \_\_\_\_\_

e. Cost to Reconstruct/Replace \$ \_\_\_\_\_

f.. Comments: \_\_\_\_\_

**75. Interior Stairs (S)**

a. Overall condition of interior stairs:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**76. Elevator, lifts and escalators (H)**

a. Overall condition of elevators, lifts and escalators

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_



**77. Interior Electrical Distribution (H)**

- a. Interior electrical supply meets current needs:  Yes  No
- b. Condition of interior electrical distribution:
- Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e.. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**78. Lighting Fixtures**

- a. Condition of interior lighting fixtures:
- Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A
- b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- c. Expected Remaining Useful Life (Years): \_\_\_\_\_
- d. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- e. Comments: \_\_\_\_\_

**79. Communications Systems (H)**

- a. Communication systems are adequate  Yes  No
- b. Condition of communications system:
- Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**80. Swimming Pool and Swimming Pool Systems**

- a. Overall condition of swimming pool and pool systems:
- Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A
- b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- c. Expected Remaining Useful Life (Years): \_\_\_\_\_
- d. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- e. Comments: \_\_\_\_\_

## Plumbing (Excluding HVAC Systems)

### 81. Water Distribution System (H)

a. Types of pipes (check all that apply):

Iron     Galvanized     Copper     Lead     PVC     Other     N/A

b. Overall condition of water distribution system:

Excellent     Satisfactory     Unsatisfactory     Non-Functioning     Critical Failure     N/A

c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

d. Expected Remaining Useful Life (Years): \_\_\_\_\_

e. Cost to Reconstruct/Replace \$ \_\_\_\_\_

f. Comments: \_\_\_\_\_

### 82. Plumbing Drainage System (H)

a. Types of pipes (check all that apply):

Iron     Galvanized     Copper     Lead     PVC     Other     N/A

b. Overall condition of drainage system:

Excellent     Satisfactory     Unsatisfactory     Non-Functioning     Critical Failure

c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

d. Expected Remaining Useful Life (Years): \_\_\_\_\_

e. Cost to Reconstruct/Replace \$ \_\_\_\_\_

f. Comments: \_\_\_\_\_

### 83. Hot Water Heaters (H)

a. Type of fuel (check all that apply):

Oil     Natural Gas     Electricity     Other     N/A

b. Overall condition of water heaters:

Excellent     Satisfactory     Unsatisfactory     Non-Functioning     Critical Failure

c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

d. Expected Remaining Useful Life (Years): \_\_\_\_\_

e. Cost to Reconstruct/Replace \$ \_\_\_\_\_

f. Comments: \_\_\_\_\_

**84. Plumbing Fixtures**

a. Overall condition of plumbing fixtures (including toilets, urinals, lavatories, etc.):

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**HVAC Systems**

**85. HVAC Systems Type**

a. Does this building have a central HVAC system?  Yes  No (skip to next section)

b. If yes, what type of technology does it use (check all that apply):

Constant volume (CV)  Variable air volume (VAV)  Dual-duct or multi-zone  Other

**86. Heat Generating Systems (H)**

a. Heat generation source (check all that apply):

Boiler/ hot water  Boiler/Steam  Furnace/forced air  Unit ventilation

b. Overall condition of heat generating systems:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure

c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ d. Expected Remaining Useful Life (Years): \_\_\_\_\_

e. Cost to Reconstruct/Replace \$ \_\_\_\_\_

f. Comments: \_\_\_\_\_

**87. Heating Fuel/Energy Systems (H)**

a. Overall condition of heating fuel/energy systems:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**88. Cooling/Air Conditioning Generating Systems**

a. Overall condition of cooling/air conditioning generating systems:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**89. Air Handling and Ventilation Equipment: Supply Units, Exhaust Units, Relief/Return Units, etc. (H)**

a. Overall condition of air handling and ventilation systems:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**90. Piped Heating and Cooling Distribution Systems: Piping, Pumps, Radiators, Convectors, traps, Insulation, etc. (H)**

a. Overall condition of piped heating and cooling distribution systems:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**91. Ducted Heating and Cooling Distribution Systems: Ductwork, Control Dampers, Fire/Smoke Dampers, VAVs, Insulation, etc. (H)**

a. Overall condition of ducted heating and cooling distribution systems:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**92. HVAC Control Systems (H)**

a. Overall condition of control systems:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**Fire Safety Systems**

**93. Fire Alarm Systems (H)**

a. Overall condition of fire alarms:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**94. Smoke Detection Systems (H)**

a. Overall condition of smoke detection systems:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**95. Fire Suppression Systems: Sprinklers, Standpipes, Kitchen Hoods, etc. (H)**

a. Overall condition of fire suppression systems:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**96. Emergency/Exit Lighting Systems (H)**

a. Overall condition of emergency/exit lighting systems:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**97. Emergency/Standby Power Systems (H)**

a. Does the building have an emergency or standby power system?  Yes  No (skip to next section)

b. Overall condition of emergency/standby power systems:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

d. Expected Remaining Useful Life (Years): \_\_\_\_\_

e. Cost to Reconstruct/Replace \$ \_\_\_\_\_

f. Comments \_\_\_\_\_

**Accessibility**

**98. Exterior Route (H)**

People with disabilities should be able to arrive on site, approach the building, and enter as freely as everyone else. At least one route of travel should be safe and accessible for everyone, including people with disabilities. This route must include handicapped parking, curb cuts, ramps, and automatic door operators as necessary to enter the building.

Is there an accessible exterior route as specified above?  Yes  No

**99. Interior Route, Access to Goods and Services, and Restroom Facilities (H)**

The layout of the building should allow people with disabilities to obtain materials or services and use the facilities without assistance. This should include access to general purpose and specialized classrooms, public assembly spaces (such as libraries, gymnasiums, auditoriums), nurse’s office, main office, and restroom facilities. Services include drinking fountains, telephones, and other amenities.

Is there an accessible interior route as specified above?  Yes  No

**100. Additional Information on Accessibility**

If the building lacks accessible interior or exterior routes:

a. Cost of improvements needed to provide accessible exterior and interior routes as specified above. \$ \_\_\_\_\_

b. Comments: \_\_\_\_\_

## Environment/Comfort/Health

### 101. General Appearance

a. Overall rating:  Good  Fair  Poor

b. Comments: \_\_\_\_\_

### 102. Cleanliness

a. Overall rating:  Good  Fair  Poor

b. Comments: \_\_\_\_\_

103. Are there walk off mats; grills in entryway?  Yes  No

If Yes: at least 6 Ft. Long?  Yes  No

### 104. Acoustics

a. Overall rating:  Good  Fair  Poor

b. Comments: \_\_\_\_\_

### 105. Lighting Quality

a. Types of lighting in general purpose classrooms (check all that apply):

1. Daylight  Fluorescent-not full spectrum  3. Fluorescent full spectrum

4. Incandescent  5. Other  6. N/A

b. Overall rating:  Good  Fair  Poor

c. Comments: \_\_\_\_\_

### 106. Evidence of Vermin

Is there evidence of active infestations of ...?

a. Rodents  Yes  No

b. Wood-boring or wood-eating insects  Yes  No

c. Cockroaches  Yes  No

d. Other vermin  Yes  No

## Indoor Air Quality

### 107. Mold

- a. Are there visible stains, mold or water damage?  Yes  No

If **yes**, where? (check all that apply)

Classrooms  Hallways  Supply return grille  Other places \_\_\_\_\_

- b. Are there any noticeable moldy odors?  Yes  No

If **yes**, where? (check all that apply)

Classrooms  Hallways  Supply return grille  Other places \_\_\_\_\_

- c. Are interior surfaces constructed of any of the following materials?

Paper-faced or gypsum products?  Yes  No

Cellulose products (typical ceiling tiles)  Yes  No

- d. Estimated cost of necessary improvements: \$ \_\_\_\_\_

e. Comments \_\_\_\_\_

### 108. Humidity/Moisture

- a. Are any of the following found in/or around the following area?

a. In classrooms

1. Active leaks in roof  Yes  No

2. Active leaks in plumbing  Yes  No

3. Moisture condensation  Yes  No

b. In other areas

Yes  No

Yes  N

Yes  No

- b. Rating of humidity/moisture condition in building:  Good  Fair  Poor



**109. Ventilation: fresh air intake locations, air filters, etc.**

a. Are there fresh air intakes near the following?

- 1. Near the bus loading area             Yes             No
- 2. Near truck delivery areas             Yes             No
- 3. Near garbage storage/disposal areas             Yes             No

b. Is there accumulated dirt, dust, or debris around fresh air intakes?             Yes             No

c. Are fresh air intakes free of blockage?             Yes             No

d. Is accumulated dirt, dust, or debris in ductwork?             Yes             No

e. Are dampers functioning as designed?             Yes             No

f. Condition of air filters:             Good             Fair             Poor

g. Outside air is adequate for occupant load:             Yes             No

h. Rating of ventilation/indoor air quality:             Good             Fair             Poor

i. Comments \_\_\_\_\_

**110. Indoor air quality (IAQ) plan**

a. Does the school district use EPA's *Tools for Schools* program?             Yes             No

b. If not, is some other IAQ management plan used?             Yes             No

c. Has the District assigned IAQ responsibilities to a designated individual?             Yes             No

**111. Does the school practice IPM?**             Yes             No

a. Is vegetation kept 1 ft. from away from the building?             Yes             No

b. Are crevices and holes in walls, floors and pavement sealed or eliminated?             Yes             No

c. Are pesticides used in the buildings and on grounds?             Yes             No

If **yes**, how are they typically applied?

- Spot treatment             Area wide treatments

112. Is there noise in classrooms from HVAC units, traffic, etc. that may impact education?  Yes  No

113. Has this facility been tested for the presence of Radon?  Yes  No

If yes:

a. Has a passive mitigation system been installed?  Yes  No

b. Has an active mitigation system been installed?  Yes  No

c. Is Radon test data available?  Yes  No

114. American Red Cross

a. Is there a written agreement with the the American Red Cross for the use of this building as an emergency shelter?  Yes  No

b. Does this building have an emergency generator to support sheltering operations? (lights, HVAC, etc.)?  Yes  No

If yes, where? (check all that apply)

Communication system  Fire alarm system  Security system  Lighting

HVAC  Sump pump

c. Does this facility have a cooking /food preparation kitchen?  Yes  No

If yes, is the area outfitted for:

Full preparation  Warming capability only

d. Check items powered by emergency generator:

Kitchen equipment  Cooking equipment  Refrigeration equipment

e. Potable water:

Provided by municipal system?  Yes  No

On-site wells?  Yes  No

If on site wells are present, are the wells connected to emergency generator?  Yes  No

f. Sanitary:

Gravity discharge?  Yes  No

Force main pumping station?  Yes  No

If pumping station exists, are they connected to emergency generator?  Yes  No

